MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Princess Anne
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Princess Anne.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Princess Anne
STREET ADDRESS (If rural, give location) R.F.D. Princess Anne.

3. NAME OF DECEASED: (Type or Print) (First) Ira (Middle) Barnes (Last) Sr.
4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 1 1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Owner Retired truck farmer
10b. KIND OF BUSINESS OR INDUSTRY: continental can co.
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Clarence F Barnes
14. MOTHER'S MAIDEN NAME: Effie Lankford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-18-3891
17. INFORMANT & ADDRESS: Charles Boston Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Myocardial infarction — 7-10 da.

DUE TO

(c) Coronary insufficiency — months?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1953, to 2/9, 1953, that I last saw the deceased alive on 2/9, 1953, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Robert Cellmott M.D. ADDRESS Princess Anne Md DATE SIGNED 2/10/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Feb 12 1953
NAME OF CEMETERY OR CREMATORY Pocomoke Cemetery
LOCATION (City, town, or county) Pocomoke (State) Md.

DATE REC'D BY LOCAL REG. 2/10/53
REGISTRAR'S SIGNATURE R.H. Johnson M.D.
24. FUNERAL DIRECTOR James Henman ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02096

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shelltown
LENGTH OF STAY (in this place) 56 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shelltown
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) ORVILLE (Middle) ALDON (Last) BELL

4. DATE OF DEATH: (Month) Feb. (Day) 16, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 17, 1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George A. Bell
14. MOTHER'S MAIDEN NAME: Annie Brittingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Grace A. Bell, Shelltown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

592X

Immediate cause (a) Acute Dil of heart. Uremia — INTERVAL BETWEEN ONSET AND DEATH: 9 das

DUE TO

Antecedent cause(s) (b) Chronic Int. Nephritis - Chronic

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Myocarditis - General Arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1953, to Feb 16, 1953, that I last saw the deceased alive on Feb. 15, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE George C. Coulbourn M.D. (DEGREE OR TITLE) ADDRESS Marion Sta. Md DATE SIGNED 2-18-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 2/18/53
NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery
LOCATION (City, town, or county) (State) Rehoboth, Md.

DATE REC'D BY LOCAL REG. 2-18-53
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02097

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole
LENGTH OF STAY (in this place) 80 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Sidney (Last) Bennett

4. DATE OF DEATH: (Month) Feb. (Day) 10 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov. 23, 1872

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): merchant

10b. KIND OF BUSINESS OR INDUSTRY: merchandising

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John S. Bennett

14. MOTHER'S MAIDEN NAME: Sarah Shores

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Mr. Willie J. Bennett Oriole, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Ventricular fibrillation — Interval Between Onset And Death: few minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — years
DUE TO (c) Generalized arteriosclerosis — years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1952, to 2/10, 1953 that I last saw the deceased alive on 2/10, 1953 and that death occurred at 7:08 pm, from the causes and on the date stated above.

SIGNATURE Robert Elliott (Degree or title) M.D. ADDRESS Princess Anne, DATE SIGNED 2/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 13 1953
NAME OF CEMETERY OR CREMATORY All Saint Manie cemetery
LOCATION (City, town, or county) Venton, Md. (State)

DATE RECD BY LOCAL REGISTRAR 2/13/53
REGISTRAR'S SIGNATURE R. A. Johnson M.D.
24. FUNERAL DIRECTOR Leon B. Wilson ADDRESS Princess Anne, Maryland

B.

VS. A15

RECEIVED
FEB 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02098

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS visiting friend-- Chesapeake Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 308 Chesapeake Ave.

3. NAME OF DECEASED: (Type or Print) (First) JENNIE (Middle) (Last) BETHARD

4. DATE OF DEATH: (Month) Feb. (Day) 24, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb. 22, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): King William County, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Jesse J. Bethard-Kingston, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1 Immediate cause (a) Coronary thrombosis DUE TO — unascertained

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension DUE TO — 2 to 3 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 21, 1953, to Feb. 24, 1953, that I last saw the deceased alive on Feb. 23, 1953, and that death occurred at 9:30a.m., from the causes and on the date stated above.

SIGNATURE S. M. Peyton (Degree or title) M.D. ADDRESS Crisfield, Md. DATE SIGNED 2/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb. 26, 1953 NAME OF CEMETERY OR CREMATORY Rehobeth Pres. Cemetery LOCATION (City, town, or county) Rehobeth, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 2/26/53 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors ADDRESS 531 W. Main St. - Crisfield, Md.

RECEIVED
FEB 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 217 N. First St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 217 N. First St.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) FRANKLIN (Last) BETTS

4. DATE OF DEATH: (Month) Feb. (Day) 26, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov. 2, 1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: for nimself

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Betts

14. MOTHER'S MAIDEN NAME: Mary E. Bethard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: 217 N. First St. Mrs. Charles W. Goldsborough-Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral arteriosclerosis — 10 yrs.

DUE TO

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 21, 1953, to Feb. 26, 1953, that I last saw the deceased alive on Feb. 26, 1953, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE Sarah M. Porter (Degree or title) M.D. ADDRESS Crisfield Md. DATE SIGNED March 1, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF Mar. 1, 1953 NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery LOCATION (City, town, or county) Crisfield, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Mar. 1, 1953 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors ADDRESS 531 Main St. Crisfield, Md.

VS. A15

RECEIVED
MAR 16 1973
BUREAU V. S.

Dr. Hearn

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH
COUNTY: Somerset Co
MARYLAND: Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eden
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eden
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Lusie (Middle) C. (Last) Christopher

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1953

5. SEX: Mal
6. COLOR OR RACE: Cal
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH: 1891
9. AGE last birthday: 61 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Somerset Co
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thyder Wates
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Florence Duncan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

231X

Immediate cause (a) Cerebral Haemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis Blood Vessels of Brain

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7th, 1953, to Feb 13th, 1953 that I last saw the deceased alive on Feb 12, 1953, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE: C. J. Hearn Md (Degree or title) MD ADDRESS: 203 W Church St Salisbury DATE SIGNED: 2/14/53

23. BURIAL, CREMATION REMOVAL (Specify): B
DATE THEREOF: 2-16-53
NAME OF CEMETERY OR CREMATORY: Flower Hill Cem
LOCATION (City, town, or county): Eden Md. (State)

DATE REC'D BY LOCAL REG.: 2/15/53
REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. Jr
24. FUNERAL DIRECTOR: [illegible] Mt West
ADDRESS: [illegible]

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 26.5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): Jacksonville Road

3. NAME OF DECEASED: (First) Luther (Middle) J. (Last) Daugherty
4. DATE OF DEATH: (Month) February (Day) 28 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 1, 1884
9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months 5, Days 27 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Crab dealer
10b. KIND OF BUSINESS OR INDUSTRY: Seafood, Crabs
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: George Daugherty
14. MOTHER'S MAIDEN NAME: Mary Dize
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Lionel Daugherty, Crisfield, Md.

18. MEDICAL CERTIFICATION

			Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
260X Immediate cause	(a) DUE TO	Coronary Occlusion	34 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Influenza	2 days
	(c)	Diabetic Arteriosclerosis	Few years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1952, to Feb 28, 1953., that I last saw the deceased alive on Feb 28., 1953., and that death occurred at 11:20 P.M., from the causes and on the date stated above.

SIGNATURE: A. N. Barr (Degree or title): M.D. ADDRESS: Crisfield, Md. DATE SIGNED: Mar. 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar. 3, 1953 — NAME OF CEMETERY OR CREMATORY: Sunny Ridge Cemetery — LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3/5/53 — REGISTRAR'S SIGNATURE: Betty W. Dyke

24. FUNERAL DIRECTOR ADDRESS: Durward Q. Covington, Crisfield, Md.

VS. A15

MAR 9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6210

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) EDWARD (Last) DRESSEN

4. DATE OF DEATH: (Month) Feb. (Day) 25, (Year) 1953

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. 21, 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): -----
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Tennesse
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Vernon Dressen
14. MOTHER'S MAIDEN NAME: Virginia Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) --
16. SOCIAL SECURITY No.: ----
17. INFORMANT & ADDRESS: Mrs. Virginia Dressen- Marion R.F.D., Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

772.0

Immediate cause (a) Marasmus —
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) (Mal Neutrition)
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 , to ..., 19 , that I last saw the deceased alive on ..., 19 , and that death occurred at 12:15 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Never Saw him alive
ADDRESS Deputy Medical Examiner
DATE SIGNED Nina H Coulbourn M.D. Crisfield Md - 2.24.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 26, 1953
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Marion Station, Md.

DATE REC'D BY LOCAL REGISTRAR 2/26/53
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Beadshaw Funeral Parlors
ADDRESS 531 Main St. - Crisfield, Md.

9VV299V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacksonville Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Jacksonville, Road

3. NAME OF DECEASED: (Type or Print) (First) Patty (Middle) Sue (Last) Evans

4. DATE OF DEATH: (Month) Feb. (Day) 8 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct. 17, 1952
9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR Months 3 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Seward Evans
14. MOTHER'S MAIDEN NAME: Julia Roberta Landon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Alva Landon, Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

480X

Immediate cause (a) Virus Pneumonia — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Influenza — 1 day

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1953, to Feb 8, 1953, that I last saw the deceased alive on Feb 8, 1953, and that death occurred at 9.30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Rawley M.D. ADDRESS Crisfield, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 9, 1953
NAME OF CEMETERY OR CREMATORY Crisfield Cem.
LOCATION (City, town, or county) (State) Crisfield, Maryland
DATE REC'D BY LOCAL REGISTRAR 2/9/53
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Durward I. Covington, ADDRESS Crisfield Md.

2002264363

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

02103

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 75 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Route 3

3. NAME OF DECEASED (Type or Print) (First) Adolphus (Middle) Handy (Last)

4. DATE OF DEATH (Month) February (Day) 16 (Year) 1953

5. SEX male
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 3-7-1877
9. AGE last birthday 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Factory
11. BIRTHPLACE (State or foreign country) Somerset Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Thomas Handy
14. MOTHER'S MAIDEN NAME Violet Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John T. Handy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2-3 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS Princess Anne Md DATE SIGNED

R.H. Johnson M.D. Assistant Dept. Medical Examiner Feb 20 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-20-53
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) (State) Princess Anne, Md

DATE REC'D BY LOCAL REG. 2/20/53
REGISTRAR'S SIGNATURE R.H. Johnson M.D.
24. FUNERAL DIRECTOR William H Johnson Jr ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Item 18 Film G151 2-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Charlotte Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Charlotte Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Lynette (Last) Jones

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1953

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Dec. 4, 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Ernest L. Jones, Jr.
14. MOTHER'S MAIDEN NAME: Gladys M. Elliott.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Gladys Jones. Crisfield, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3

Immediate cause (a) Pneumonia Cardiac

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Complications

DUE TO (c) Malnutrition

Interval Between Onset And Death Condition

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

22. I hereby certify that I attended the deceased from ....., 19 ..., to ....., 19 ..., that I last saw the deceased alive on ....., 19 ....., and that death occurred at ..... from the causes and on the date stated above.

SIGNATURE (Degree or title) W. H. Coulbourn M D
ADDRESS Crisfield Md
DATE SIGNED 2/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 9, 1953
NAME OF CEMETERY OR CREMATORY Sunny Ridge
LOCATION (City, town, or county) (State) Crisfield, Maryland
DATE REC'D BY LOCAL REGISTRAR 2/9/53
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Durward S. Covington
ADDRESS Crisfield Md.

20V2193394

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 210

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station
LENGTH OF STAY (in this place) 67 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Som.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Horatio (Middle) Nelson (Last) Kersey
4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 13-1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Somerset Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Sidney Kersey
14. MOTHER'S MAIDEN NAME: Nancy Dennis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-07-3857
17. INFORMANT & ADDRESS: Annie Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592x Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Nephritis - Chronic Myocarditis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 28, 1953, to Feb. 4, 1953, that I last saw the deceased alive on Feb. 4, 1953, and that death occurred at 8:00 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Guy C. Coulbourn M.D.
ADDRESS Marion - Md
DATE SIGNED 2-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-8-53
NAME OF CEMETERY OR CREMATORY Private Cemetery on Branch
LOCATION (City, town, or county) (State) Marion - Somerset - Md
DATE REC'D BY LOCAL REGISTRAR 2-6-53
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR George H. Fitzgerald
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) one week
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Pper st.

3. NAME OF DECEASED: (Type or Print) (First) MAGGIE (Middle) (Last) KING

4. DATE OF DEATH: (Month) Feb. (Day) 27, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1929

9. AGE last birthday: 33 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ---

17. INFORMANT & ADDRESS: McCready Memorial Hospital-Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

O.D.X

Immediate cause (a) Pulmonary Tuberculosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

Interval Between Onset And Death: 2 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/20 ..., 1953, to 2/27 ..., 1953, that I last saw the deceased alive on 2/27 ..., 1953, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert F. Lewis M.D. — ADDRESS Crisfield, Md. — DATE SIGNED 3/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE THEREOF Mar. 5, 1953 — NAME OF CEMETERY OR CREMATORY Lawson Cemetery — LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 3/3/53 — REGISTRAR'S SIGNATURE Betty W. Dyer

24. FUNERAL DIRECTOR — ADDRESS Bradshaw Funeral Parlors 531 W. Main St. - Crisfield, Md.

MAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 Walnut St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 26 Walnut St.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) DELORES (Last) LANDON

4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 1953

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct. 12, 1906
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Saxis, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Webster White
14. MOTHER'S MAIDEN NAME: Marion Sterling

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) --
16. SOCIAL SECURITY No.: --
17. INFORMANT & ADDRESS: Henry Landon-26 Walnut St.-Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Carcinoma of breast - metastasized
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) to spine
DUE TO

(c)

Interval Between Onset And Death: 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of right breast
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, to Feb. 24, 1953, that I last saw the deceased alive on Feb. 24, 1953, and that death occurred at 10:00p.m. from the causes and on the date stated above.

SIGNATURE S. M. Peyton (Degree or title) M.D. ADDRESS Crisfield Md. DATE SIGNED 2/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 27, 1953
NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery
LOCATION (City, town, or county) Crisfield, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 2/27/53
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors
ADDRESS 531 W. Main St. - Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 2
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield | LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McJready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion R.F.D.
STREET ADDRESS (If rural give location): Marumsco Section

3. NAME OF DECEASED: (Type or Print) (First) LAROLLUS (Middle) EDWARD (Last) LILBURNE
4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	colored	widowed	Dec. 25, 1890	62 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Seafood Industry	Marion R.F.D., Maryland USA	

13. FATHER'S NAME: Arthur Kilbourne
14. MOTHER'S MAIDEN NAME: Elizabeth Jackson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	214-28-3665	Bessie Kilbourne-wife, 45, same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Acute Dil. of Heart - Lobar Pneumonia	1 wk.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Chronic Int. Nephritis - Chronic Myocarditis	years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

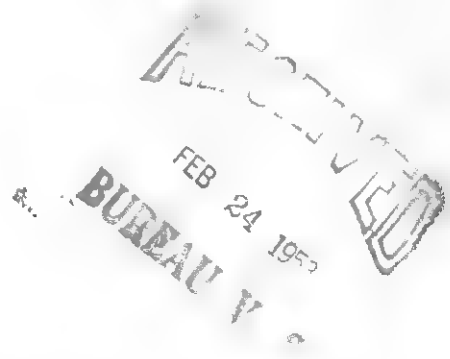
22. I hereby certify that I attended the deceased from Feb. 9, 1953, to Feb. 15, 1953, that I last saw the deceased alive on Feb. 15, 1953, and that death occurred at 10:05 a.m., from the causes and on the date stated above.

SIGNATURE: George C. Cullum M.D. (Degree or title) — ADDRESS: Marion - Md. — DATE SIGNED: 2-18-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Feb. 18, 1953	Marumsco Cemetery	Marion R.F.D., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-18-53	Nellie D. Payne	Bradshaw Funeral Parlors	531 W. Main St. - Crisfield, Md.

VS. A15


FEB 24 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rt. # 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED: (Type or Print) (First) ARINTHA (Middle) MAY (Last) MILES

4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Jan. 26, 1886
9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11. BIRTHPLACE (State or foreign country): Crisfield Rt.#1, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: B. Frank Stevenson
14. MOTHER'S MAIDEN NAME: Mary Jane Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ----
17. INFORMANT & ADDRESS: Roger Miles-Rt. #1-Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442X

		Interval Between Onset and Death
Immediate cause	(a) Acute Dil of heart - Cerebral Hemorrhage	1 day
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chronic Int Nephritis - Chronic myocarditis	years
	DUE TO (c) Cerebral Arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1953, to Feb 3, 1953, that I last saw the deceased alive on Feb 3, 1953, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

SIGNATURE: Eug. C. Goldman MD (DEGREE OR TITLE) ADDRESS: Marion Md — DATE SIGNED: 2-5-53

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF: Feb. 5, 1953
NAME OF CEMETERY OR CREMATORY: Sunnyridge Cemetery
LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: 2-6-53
REGISTRAR'S SIGNATURE: Nellie D. Payne
24. FUNERAL DIRECTOR ADDRESS: BRADSHAW FUNERAL PARLORS CRISFILED, MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2211

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne R.F.D.
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. Somerset COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill R.F.D. 2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) T. (Last) Riggin
4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 24, 1871
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Townsand
14. MOTHER'S MAIDEN NAME: Ellen Pusey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Mrs Delia Long Princess Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) CEREBRAL VASCULAR ACCIDENT

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ARTERIOSCLEROSIS

DUE TO

(c)

Interval Between Onset And Death: 6 DAYS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DEHYDRATION, INANITION

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19, 1953, to 1-24, 1953, that I last saw the deceased alive on 1-23, 1953 and that death occurred at 10 PM, from the causes and on the date stated above.

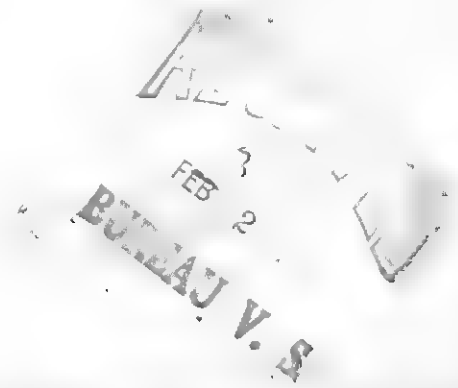
SIGNATURE Geo M Dunn (Degree or title) M. D. ADDRESS Princess Anne Md DATE SIGNED 2-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 2-27-1953
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) (State) near Fruitland, Md.
DATE REC'D BY LOCAL REGISTRAR 2/27/53
REGISTRAR'S SIGNATURE W. S. Johnson M.D.
24. FUNERAL DIRECTOR Levin R. Wilson ADDRESS B. Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


FEB 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3-60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter
LENGTH OF STAY (in this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Corey (Middle) (Last) Roberts

4. DATE OF DEATH: (Month) Feb. (Day) 4, (Year) 19 53

5. SEX: M.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 11, 1884

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR — Months — Days — IF UNDER 24 HRS. — Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Tonger

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Dames Quarter

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Andrew Roberts

14. MOTHER'S MAIDEN NAME: Margaret Washield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S ADDRESS: Mrs. Mary F. Roberts - Dames Quarter Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

422.2

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic General Arthritis — 6 mths

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) —
(COUNTY) —
(STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 12, 1953, to Feb 4th, 1953, that I last saw the deceased alive on Jan 26th, 1953, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE), ADDRESS — DATE SIGNED
Ellen G. Masterman, Princess Anne, Md. — 2.5.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Feb 8 1953
NAME OF CEMETERY OR CREMATORY Dames Quarter Methodist
LOCATION (City, town, or county) (State) Dames Quarter Md.

DATE REC'D BY LOCAL REG. 2/6/53
REGISTRAR'S SIGNATURE R. T. Johnson, M.D.
24. FUNERAL DIRECTOR — ADDRESS
Charles H. Ward, Manion Str., Md. Box 235.

FEB 9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11211765

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Somerset — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield | LENGTH OF STAY (in this place): lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield

STREET ADDRESS (If rural give location): 807 Asper St.

3. NAME OF DECEASED: (Type or Print) (First) IRENE (Middle) (Last) SAULDERS

4. DATE OF DEATH: (Month) Feb. (Day) 23, (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
female	colored	married	Oct. 13, 1908	44 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
laborer	Seafood Ind.	Crisfield, Md.	USA

13. FATHER'S NAME: Samuel Merrill

14. MOTHER'S MAIDEN NAME: Carrie Cannon

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	--	216-14-2111	John Saulders - Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5714

Immediate cause (a) DUE TO: Sub-acute nephritis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Hypertension

(c)

Interval Between Onset And Death: 2 or 3 mos.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/14 ..., 1953, to 2/23, 1953, that I last saw the deceased alive on 2/22, 1953, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert F. Lewis	MD	Crisfield Md	2/24/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Feb. 26, 1953	Hopewell Cemetery	Crisfield R.F.D., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/26/53	Betty W. Tyler	Bradshaw Funeral Parlor	531 W. Main St. - Crisfield, Md.

VS. AN-1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS RFD 2 (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alvin (Middle) B (Last) Wallace
4. DATE OF DEATH (Month) 2 (Day) 3 (Year) 1953
5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 6-22-51
9. AGE last birthday 1 yrs. If under 1 year: Months 8 Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Somerset County Md. USA
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alford Wallace
14. MOTHER'S MAIDEN NAME Olivia Doane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Walter Stewart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

441 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. H. Johnson (Degree or title) M.D. - Assistant Medical Examiner
ADDRESS Princess Anne, Md
DATE SIGNED 2-5-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-5-53
NAME OF CEMETERY OR CREMATORY St Mark
LOCATION (City, town, or county) Oakville (State) Md

DATE REC'D BY LOCAL REG. 2/5/53
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. JT
24. FUNERAL DIRECTOR William H. Jones Jr.
ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 211.

CERTIFICATE OF DEATH

Reg. Dist. No. 260.

1. PLACE OF DEATH:
COUNTY SOMERSET MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCESS ANNE, Rt 2 LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCESS ANNE
STREET ADDRESS (If rural give location) Rt. 2

3. NAME OF DECEASED: (Type or Print) (First) OLIVIA (Middle) (Last) WALLACE
4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: COL
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 2-15-1926
9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SOMERSET COUNTY
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WALTER DOANE
14. MOTHER'S MAIDEN NAME: ROCIE STEWART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Walter Stewart

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: Several yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Stricture Esophagus — Since childhood
DUE TO Succoring Lye
(c) Gastectomy

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1953, to 2/8/53, 19 , that I last saw the deceased alive on 2/6, 1953, and that death occurred at 8 34 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Princess Anne DATE SIGNED 2/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-10-53
NAME OF CEMETERY OR CREMATORY St Mark
LOCATION (City, town, or county) Oakville, (State) Md

DATE REC'D BY LOCAL REGISTRAR 2/10/53
REGISTRAR'S SIGNATURE R.H. Johnson, M.D.
24. FUNERAL DIRECTOR William H James Jr
ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02116

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 91 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cove St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Cove St.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) E. (Last) Ward

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept 7, 1861
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months 4 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henderson
14. MOTHER'S MAIDEN NAME: Kessie Sonners

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hattie Sterling. Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Hemiplegia	3 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Cerebral thrombosis	3 months
	DUE TO (c)	Arterio-sclerosis Senility	years

332

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Feb 4, 1953, that I last saw the deceased alive on Feb 3, 1953, and that death occurred at 10 50 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) C. Rawley M.D. ADDRESS Crisfield Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 6, 1953
NAME OF CEMETERY OR CREMATORY Mariner's Cem.
LOCATION (City, town, or county) (State) Crisfield, Md
DATE REC'D BY LOCAL REGISTRAR 2/6/53
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Durward S. Covington. ADDRESS Crisfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2260 11217

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter Md.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter Md.
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (First) Virgil (Middle) — (Last) White
4. DATE OF DEATH: (Month) Feb (Day) 17 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Married	March 23-1916	36 yrs.	11			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Oyster Seafood & Crabs
11. BIRTHPLACE (State or foreign country): Dames Quarter Md - 45A
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George White
14. MOTHER'S MAIDEN NAME: Lillie Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
16. SOCIAL SECURITY NO.: 219-05-3445
(If Yes, give war or dates of service) MARCH-1944-April 1946
17. INFORMANT & ADDRESS: Doris White - wife - Dames Quarter Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ventricular fibrillation DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Cardiovascular disease DUE TO	weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1/16/53 to 2/17/53, that I last saw the deceased alive on 2/17/53, and that death occurred at 4:50 a.m., from the causes and on the date stated above.

SIGNATURE Robert Callcutt (DEGREE OR TITLE) M.D. ADDRESS Princess Anne DATE SIGNED 2/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2/22/53
NAME OF CEMETERY OR CREMATORY St. Pauls M.E.
LOCATION (City, town, or county) (State) Dames Quarter Md
DATE REC'D BY LOCAL REG. 2/28/53
REGISTRAR'S SIGNATURE R.A. Johnson, M.D.
24. FUNERAL DIRECTOR L.D. Wheatley Dames Quarter Md
ADDRESS Salisbury Md
Lola H. Wheatley - Asst.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 3 1953
BUREAU V. S.